

Karen Sloss

# Learning the Way

---

**A Guide for the Home Visitor  
Working with Families on the  
Navajo Reservation**



---

Molly Dufort  
Linda Reed

This Handbook was Made  
Possible by Funding from the  
Conrad N. Hilton Foundation

HV3176  
.D84  
1995

- Developed by:  
A Hilton/Perkins Project of  
Perkins School for the Blind  
and Arizona Schools for the  
Deaf and the Blind

---

## **Introduction**

Acknowledgements 3

### **1 Cultural Beliefs and Practices 4**

Native American Belief Systems Regarding  
Disability, Illness, and Healing 4

Cultural Perspectives of Navajo Families on  
the Cause of Disabilities 6

Implications for the Home Visitor 8

### **2 Navajo Parenting Styles 10**

Nurturing 10

Adult-centered Parenting Styles 10

Discipline 11

Crying 11

Parents as Teachers 12

Implications for the Home Visitor 12

### **3 Family Participation 13**

Role of the Extended Family 13

Implications for the Home Visitor 14

### **4 Communication Styles 15**

Conversational Turn-taking 16

Information Sharing 16

Ways of Emphasizing Important Points 17

Rules of Politeness 17

Navajo Language 18

Interpreting 19

Learning Navajo Words 19

Implications for the Home Visitor 19

Personal Communication Style Checklist 21

### **5 Planning Home Intervention 22**

Time Issues 22

Maintaining Contact 22

Cultural Reminders 23

Adapting Activities to the Navajo Lifestyle 24

### **Bibliography & Resources 26**

Resources 26

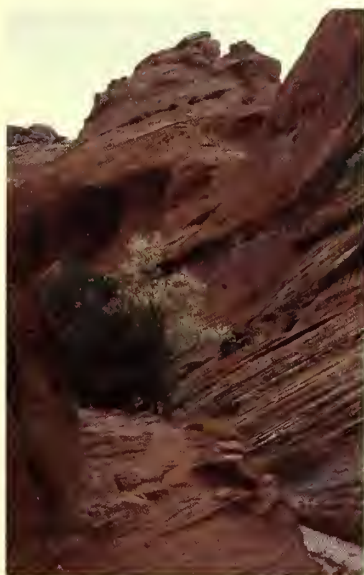
Conferences 27

References 27

Glossary 27

## Introduction

---



More than twenty years ago, Arizona families with infants and toddlers with sensory impairments began receiving ASDB home services

to help them with their questions and concerns about their child's development. This program, the Parent Outreach Program from the Arizona State Schools for the Deaf and the Blind (ASDB) Regional Services Program, uses a network of local special education professionals to provide early intervention services with the support of vision and hearing impairment professionals as regional coordinators. The statewide services are family focused, providing parent education and parent training, with regular visits to the family's home to share information and to demonstrate and assist the family in developing ways of helping their sensory impaired child to learn and grow.

Through the years, our families have shared with us that this model works well to meet their needs. As we listened to families living on the Navajo Reservation, a large, remote region in Northern Arizona, it became apparent that, as our program developed and changed to meet their needs, we had much to learn.

With the support of the Hilton/Perkins Program through a grant from the Conrad N. Hilton Foundation of Reno, Nevada, a three year project was funded to conduct an in-depth study of Navajo culture as it relates to Navajo family perspectives on disability. As ASDB identified the need to learn more about the culture of the Navajo people, the largest Native American group in Arizona, we focused on learning more about their values and need for support and information about their children with visual and multiple disabilities.

The information was gathered by a cultural anthropologist and the ASDB vision outreach coordinator, working with families on the Navajo Reservation, who are the authors of this handbook. The anthropologist visited the homes of Navajo families who have children who are blind or visually handicapped, learning from them about Navajo parenting techniques, involvement of extended family members, and the family concerns about raising a child with vision loss.



The vision outreach coordinator teamed with the anthropologist and the families to develop strategies to adapt vision intervention services and service provider training to be more responsive to Navajo families and their culture.

"I guess you could tell them that we da things in a different way—we have aur awn language, aur traditians, the way we raise our children to be Navaja—this is different taa. But we all have five fingers—tell them that—it's a Navaja saying—it means that all of us are human beings—we all feel sad when something bad happens ta aur children and we feel happy and want ta celebrate the gaad things. Tell them we want aur kids ta grow and learn and that we want their help—we want their support—we want their respect."

This handbook details issues and strategies on topics identified by the team as significant components of culturally sensitive early intervention services. The families who worked as the central members of our team taught us about what is important to Navajo families. It is our hope that this information will assist you as you meet and work with families from the Navajo Nation and other Native American groups.

## Acknowledgements

---

The Arizona State Schools for the Deaf and the Blind and the Hilton/Perkins Program wish to thank our team members for all their work and energy in developing this Handbook:

Linda Reed, Project Coordinator, Arizona State Schools for the Deaf and the Blind; Molly Dufort, Consulting Anthropologist; Earlene Dykes, Assistant Director, Arizona State Schools for the Deaf and the Blind Regional Services Program; Joni Kiser, Director, Arizona State Schools for the Deaf and the Blind Regional Services Program; and Marianne Riggio, Educational Consultant, Hilton/Perkins Program.

Our thanks to Kristi Lawrence, Mary Helen Begay, Julia Black, Lupita Litson and Gay Grubb for their valuable contributions.

We would also like to thank Dr. Jennie Joe, medical anthropologist, for sharing her important and useful work with Navajo families.

We are grateful for permission to use images of Navajo artifacts on pages 10, 15 and 20 provided by the Peabody Museum of Archaeology and Ethnology Harvard University.

Our special thanks to the families who shared their experiences with us and who made this Handbook possible:

Annie, Ervin and Miranda Nez and Bernice Phillips; Michelle, Will and Kellynn Gamble; Agatha Spencer; Ted and Glenda Gamble; Sandra, Ashley and Sullivan Holiday; Juanita Sullivan; and Richard and Betty Sullivan.

## Cultural Beliefs and Practices

# 1

### Native American Belief Systems Regarding Disability, Illness and Healing

A system of beliefs and practices about cause, prevention and treatment of illness and disabilities exists in Native American communities. This system differs significantly from the mainstream American medical and educational systems which provide services to families with children with special needs. Each Native American group has their own unique system of beliefs and practices, even though there are similarities that cross cultural boundaries. Some of the similarities in beliefs and practices, which many Navajo families share with other Native American groups, include the following:

- Many Native American people incorporate parts of the mainstream American system and their own culture's traditional belief systems into their understanding of handicapping conditions. This makes it possible for family members to understand the biological basis of an illness, and to hold a traditional cultural explanation for why the illness happened to their particular family.
- A fundamental theme in the Native American perspective on the cause of disabilities is that words, thoughts and actions have the power to bring about serious illness, disability and other kinds of misfortune. Out of this basic belief comes the premise that parents and family members have a clear and ever-present responsibility for causing and preventing serious illness and disability in their children. This means that in many cases mothers or other family members are believed to be responsible for causing their child's disability.
- In Native American communities, as in all societies, a diversity of beliefs regarding health, illness and treatment exist. Researchers talk about this as 'levels of acculturation' or 'a continuum of beliefs and values', which stretches from 'very traditional' to 'very far from tradition'. Some families having children with disabilities will believe and practice culturally traditional ways, while others who consider themselves 'modern' or 'Christian' will not practice traditional ways at all, and still other families will define themselves as 'taking the middle ground.'



The following examples illustrate the concept of “cultural continuum” as it applies to Navajo families with children who are blind or visually handicapped and their service providers. Families who describe themselves as “traditional” are those who look to Navajo teachings and spiritual leaders for explanations and guidance regarding their child with special needs. Traditional families participate in native healing ceremonies conducted by Navajo medicine people or Navajo elders. For example, an aunt of a child who is blind describes her Navajo family’s traditional approach to seeking treatment for their child:

Her grandfather [the baby’s grandfather] couldn’t accept the doctors’ predictions—that she would just lay there, not really grow much—that she wasn’t going to be like other kids. We started having ceremonies for her and her mom, and for the whole family. My mom even took her to a Hopi medicine woman when she was tiny. She helped us understand why it happened. When she gets sick we take her to the clinic and then to a medicine man—or sometimes first to the medicine man. Sometimes he will tell us to go to the clinic and then he’ll do a ceremony. We don’t always go to a medicine man—lots of times my father or one of his older brothers, and sometimes his oldest sister, will have a ceremony for her. Remember that time you came and she had yellow stuff on her face—that was corn pollen from a ceremony my old, old aunt did for her. Our family belongs to NAC [Native American Church] so the roadman [the leader] does that too—does healing ceremonies for us. That new hogan [earth covered dome house] next to my mom’s house was built for that.

On the opposite end of the cultural continuum are families who describe themselves as “Christian” or “modern.” These families often reject traditional Navajo ceremonial beliefs and practices, participating instead in Christian services. A mother describes her family’s approach to understanding why their child is blind:

Well, we are Christian, so we don’t believe in the old Navajo ways...my husband and I believe that it was God’s will for us to have a child like him and that He will help us take care of him. We don’t waste money on medicine men and all those ceremonies—we go to the clinic when he’s sick. And we pray a lot...ask God’s blessing on us.

In the center of the cultural continuum are families who describe themselves as “middle-ground” families. These families often belong to both the Native American Church and one of the local Christian churches, seeking guidance and healing from several sources, including traditional Navajo sources. One mother defined her family in these terms:



Oh, we are definitely a mixture of traditional ways and more modern ways. We're Catholic—all of the younger generation and my mother's sisters and brothers went to Catholic Church every Sunday. My grandfather is studying to be a roadman [Native American Church leader], he has ceremonies for my daughter all the time. My grandmother is even more traditional—she took me and my baby to the same medicine man that she used to take my mom to when she was little. And, of course, they believe in witchcraft. It's hard for outsiders to understand that Navajo people who speak English well and have college educations are just as likely to take their kids to medicine people as are Navajos who only talk our language and who look traditional—you know, like the way my grandmother dresses—velvet blouse, long skirt, long hair. Look at my mom—she's the executive type—suits, heels, short hair. And yet, she and my grandmother have similar beliefs.

### **Cultural Perspectives of Navajo Families on the Cause of Disabilities**

Many Navajo people believe that there are multiple causes of illness and disabilities. They believe that the “ultimate” or traditional cultural cause is due to something that parents or family members did or neglected to do. At the same time, they recognize that the immediate cause has a biological or medical component. For example, Rose and Elizabeth, both young mothers of children who are blind, understand the medical reasons for why their children are blind. At the same time, they believe that there were precipitating events in their own lives that caused the condition to occur. In one case, witchcraft was believed to be the ultimate cause; in the other, a series of cultural violations on the part of the mother were believed to have caused the blindness.

One of the reasons families attempt to understand the traditional cultural cause of the condition is to decide the proper ceremonies that can be conducted which will contribute to the healing process. Navajo anthropologist, Jennie Joe, explains this on-going search for the ultimate cause:

The parents may not dispute [the biomedical diagnosis] because it explains how the condition occurred, but these parents may also turn to their cultural resources to find out why the disability occurred. This socio-cultural explanation may represent a breach of cultural taboo. In order to prevent this condition from worsening and/or to prevent future misfortune, the parents or family may turn to tribal healers or practitioners for assistance, while at the same time continuing to take the child to physicians or to other specialists for treatment and follow up. Sometimes the family or parents may utilize their tribal healers to help enhance the treatment or therapy provided by the physician or by modern medicine. (Joe and Malach, 1992)



The basic premise of native healing is that it restores people to a state of natural harmony or beauty, *hózhó*. Eddie Tso, past director of the Navajo Medicine Men's Association, explains the meaning of Navajo ceremonies as they relate to prevention and treatment of disability and illness:

In the pursuit of excellence, Navajo ceremonies also teach preventive health care by describing the experiences which will bring about pain and illness. To treat pain and illness, whether emotional, mental, physical, or psychological, the Navajo has developed an understanding of appropriate treatment which reflects the strengths and wisdom of traditional culture. Navajo diagnosticians prescribe and define the pain and illness with the patient and prescribe proper treatment. Navajos have many ceremonies, which are performed by medicine men called chants and ways that are a part of the healing process. Each chant is related to the experience of the patient and the experience of the Navajo people as they strive to achieve health, well-being, and happiness...emotionally, mentally, physically, and spiritually. All is inseparable and interrelated in the wholeness of the Navajo culture. It is all in the stories, the prayers, the songs, the dances, the sand-paintings, the natural forces, the sacred landmarks and the traditional beliefs which describe the power of how we exist as a People. In beauty I walk, powerful...because being Navajo is the blessing way. (Navajo Cultural Conference Report, 1993)



The basic premise of native healing is that it restores people to a state of natural harmony or beauty, *hózhó*.

Native American healing ceremonies are an important feature in the lives of many Navajo families. Even if families don't mention this, you need to assume that healing ceremonies occur. They are an integral part of a pluralistic health care system, and are viewed by many of the families as extremely important events in the lives of their children. Families seek help in the form of blessings, cures, treatments, learning new ways to care for their children, cleansing and protection, from both their native and Western systems. Families may seek treatment in their traditional systems before other systems—possibly assisting them in the grieving process, and encouraging support from extended family members.

Many Navajo mothers carry the burden of responsibility for their child's condition throughout their lives. Many stories were related by mothers during the course of this project about how certain family members blamed them for their child's disability, and how they have dealt with the grief and guilt. A young mother of a child with septo-optic dysplasia, a congenital condition affecting the brain's optic pathways, explained some of the stress she felt,

*It's so hard to be a Navajo mother of a child with a disability. It's the same with all the Navajo parents of children like mine that I have talked to. We are always blamed for our child's disability. In the Navajo way, parents cause their child's disability because of something they have done. Even my grandmother was like that—she kept asking me, 'What did you do? Think hard—what did you do?' I kept trying to tell her that it wasn't something I did.*



### Implications for the Home Visitor

It is important when working with Native American families to remember that the cultural continuum is dynamic. As part of this dynamic, families will move in different directions, at times becoming more traditional in seeking treatment for their children. Within families, people will hold differing beliefs and practices. Traditional beliefs and practices are often seen as private matters within families. When there is a trusting relationship between families and service providers, families will share this knowledge. There are families who will assume you know where they fall on the cultural continuum, especially those who consider themselves 'very far from tradition'. It is important for you to understand where on the cultural continuum families place themselves. One of the ways to learn about this is to talk generally about the kind of information that you would like to know.

For example, "I'm learning from some other families about traditional ways, and I wonder whether you were raised with traditional ways or in other ways."

If the person you are talking to is vague, or seems to be reluctant about the topic, then switch to another topic because the individual does not want to share this information with you. If the person or family wants to share information with you, they'll tell you.

If families do share information with you it's important that you respond with comments that show you have heard them. Comments like this demonstrate that you respect their beliefs and practices: "I have wondered about what you see as the cause of Helen's condition. I didn't want to ask, but I'm glad you shared it with me. I am interested in anything you want to tell me about her. The more I know about her and your family, the better able I am to assist you in the kinds of things you want her to learn."

Don't ask direct questions. Let the families volunteer answers. Wait for trust to develop between you and the family. If you get no answer, or vague and general responses, that's a signal to change to a less specific subject.

Joe and Malach (1992) in their suggestions to early interventionists working with Native Americans have this advice about traditional ceremonies:

*Unless the family volunteers, do not ask a lot of questions about these tribal ceremonies. If you need to notify other co-workers about healing ceremonies that have been planned, ask the family's permission and how best to explain it. Some families may consider this information confidential.*

Good advice on this subject comes from two experienced outreach coordinators in the Regional Services Program area of the hearing impaired, Linda Meiners and Peggy Kile:

*The majority of parents' intent in having these ceremonies appears to be to protect the child from further harm rather than to cure the disability. However, some Native American parents do obviously view the ceremonies as a potential cure. Our personal reactions to these situations have been the same as our reaction to any family searching for a cure—patience and support.*

Witchcraft, if discussed with you, probably means that the family trusts you with this kind of information. This sensitive information should not be shared with others, this would be viewed as spreading dangerous gossip, or as doing witchcraft yourself. Treat this as an opportunity to broaden your understanding of the topic.



## Navajo Parenting Styles

---

# 2

Parenting styles differ in all cultures and communities. Values of the culture, in addition to individual family practices, guide parenting. Children adopt these values early, imitating these parenting styles with younger children, then using this style when raising their own children. Parenting styles, along with many other human behaviors which we assume are natural, are actually culturally-based ways of raising children. This is why it is important for those of us working with families in cross-cultural contexts to have a clear understanding of parenting styles.

### Nurturing

Navajo families are openly loving and warm with babies and young children, especially with children who have disabilities. You will see much nurturing behavior—people using terms of endearment to describe children and to talk to them. For example, “my little one,” “my baby”, “moon-child,” and other special family names. There will be lots of smiles and laughter, hugs and holding of children, and gentle teasing. Even very young children are included in teasing routines by older children and adults. For example, when Darren’s toy telephone rings, his mother says, “Oh no, it’s probably my future daughter-in-law.”

Cultural responses to a child with a disability often influence the ways families interact with that child. Elizabeth’s parents believe that Dale, their grandchild, is closer to the Holy Ones—closer to the spiritual beings than other children, and they admonish her to treat him with utmost respect. “They say we should never make him cry.”

### Adult-centered Parenting Styles

Traditional Navajo parenting styles have been described by researchers as adult-centered. Jennie Joe explains it this way:

In Navajo society, children are treated as adults sooner than in Anglo society. For example, a Navajo girl of age six is expected to know how to prepare dough for bread and to assist in caring for her younger siblings. Similarly, Navajo boys of the same age are expected to herd sheep independently for a few hours a day and to assist in the care of the livestock. In contrast, Anglo children of comparable age do not usually have the same expectations in fulfilling adult-like roles.

“Parents really want help even if they don’t ask questions when the early interventionist first starts visiting. Everybody in the family probably has lots of questions but they may feel shy, awkward.”



One characteristic of adult-centered child rearing practices is the expectation that children will learn by observing older children and adults. Many families have expressed the desire to learn how to teach their child who is blind or visually impaired. One young mother said, "I need help in potty-training Helen. I know that she doesn't learn in the same way that other kids do. With my others, they just watched the older kids and learned to do it. Helen can't see, and I don't know how to do this."

### Discipline

Many Navajo families use what child psychologists call 'reasoned control'. Families use very little criticism and avoid name-calling or comparison to other children. As a discipline strategy, a parent may redirect the child's attention by encouraging her towards another activity. For example, "walk over to Annie. Listen, she's clapping for you." If this strategy doesn't work, they will directly tell the child to stop in a gentle manner without raising their voice.



### Crying

Crying is a child behavior that has strong cultural implications. One belief is that unless children are stopped from crying they will "cry themselves out," meaning that they might die. Another belief is that persistent crying by a child brings on illness, and possibly death to someone in the family. Families use various strategies to help children stop crying, such as reminding them with words that it isn't healthy to cry, holding them, gently rocking and talking to them or redirecting their attention to another activity. With Navajo families, crying children are seldom ignored. Family members will typically attend to a child.





**"I'd like them to know that most of us will do anything to help our kids...in my case I know that I will move heaven and earth for my daughter—nothing stands in my way of getting the services she needs."**

### Parents as Teachers

Navajo children are encouraged to be independent and are often allowed to make their own decisions. To be expected to actively function as a child's teacher is not a familiar role for many Navajo parents. Parents will commonly feel very intimidated in a situation where they must demonstrate their skill at the request of a home visitor, or demonstrate their understanding of a lesson by answering questions. Some families benefit from the approach of modeling a technique and then helping the parents demonstrate their new skills.

### Implications for the Home Visitor

Siblings and cousins often are expected by the family to interact with younger children (play, entertain, supervise), so the mother and other adults can complete their home and family responsibilities. A common concern expressed by families is that siblings and cousins, who usually help with the care of younger children, do not have any idea what to do with a child who is blind or visually handicapped. Develop simple hand over hand and co-active activities to be used by younger family members when they have this responsibility. These can be in the areas of self-help, interacting with and activating toys, turn-taking games, body parts and body image, experience with real objects, and other areas in which children who are blind or visually impaired benefit from repetition and practice.

Be aware of the family's reaction to the crying behavior of their child. Many times, families will stop doing a suggested intervention activity if

**"I really appreciate how much she's done for us. She's taught me a lot about working with Helen. She's always very positive...patient with me, too, 'cause I'm stubborn sometimes. She treats us like our time is as important as hers—that's important to me."**



their child fusses or cries. Ask them what they do when their child fusses, and what suggestions that they might have to help their child try new activities. Give the family information on how children who are blind or visually impaired learn new things and why a child might fuss when they are learning something new. Develop with the family strategies which will be comfortable for them. When demonstrating an activity, try to use the same interactive techniques you have observed the family using with their child. For example, if the child fusses, try to comfort the child in the same way you have observed family members doing so.

In a culture where children learn by observing others, the early intervention activities for children who are blind or visually impaired are new learning experiences for everyone involved with the child. To help families become more comfortable with the unfamiliar role of active teaching, demonstrate as often as you can and talk the family member through activities step by step. Include information on why the activity is important, how to make variations on the activity, how to incorporate it into daily routines, and how to teach other family members to participate. Modeling the lesson many times during the home visit helps the family learn by observing.

## Family Participation

### 3

#### Role of the Extended Family

The participation of extended family members is very important in terms of child-care and decision-making. This is especially true when the parents of a child with special needs are younger family members. Grandmothers and aunts often provide respite care, and in some cases, long-term direct care of children. Young parents often consult older family members in decisions regarding their child. Researchers often refer to shared parental responsibilities in Native American families as "multiple mothering."

Jennie Joe (1982) describes these shared parental responsibilities:

*A child has multiple 'mothers', any one of whom can serve as surrogate mother. Grandmothers are called 'mother-elders', aunts, 'little mothers,' and anyone who is not blood kin, but is of the same clan as one's mother, is referred to as 'mother.' Aunts and grandmothers, however, are the most common surrogate mothers.*

In some cases, there may be differences between young families and their parents regarding how much and which kind of intervention activities are appropriate. Sometimes older family members may be resistive to their grandchildren receiving intervention services. There are a variety of reasons for their resistance, many of which are related to etiology and responsibility. Older family members may feel that mothers are directly responsible for the handicapping condition and, therefore, the family should provide the care, rather than getting help from outside sources.

### Implications for the Home Visitor

Be aware that sometimes your home visit and lesson may be given to an aunt or grandmother. Treat them the same as you would the mother if you go to a scheduled home visit. If a younger family member and an older family member are both present, they may have very different questions to ask you.

When you are scheduling home visits it is very important to consider

the schedules of all the family members who want to participate. Because extended family members often care for and teach the child with a disability, it is important to meet their needs if you can adjust your schedule to do so.

One way to start building trust is for you to spend time getting to know as many family members as possible (parents, grandparents, aunts, uncles, brothers, sisters, cousins, family friends). Family members have valuable information to share about the child. Many of them are very interested in who you are and what resources you are bringing.

In order to show respect for the entire family, direct your communication and teaching procedures to the entire group (Joe and Malach 1992), rather than focusing on the parents, the interpreter, or the family spokesperson. Although this may seem awkward to do at first, it actually follows a typical pattern found in Native American discourse.

One of the ways to practice becoming more comfortable with this approach is to focus on the child—directing the teaching to the child, and then addressing everyone present in a general way. For example, speak directly to the child, “Oh good, Peter, you are learning to pull, to stand by



yourself. Here's how we're going to do it together," talking with the child as you work with him. Then turn towards the family, sweep your eyes across the group, explain what you just did, and then focus on the child again, repeating the same skill.

Ways to include extended family should be talked about during your first visits. Not only is it important to meet as many family members as possible who live near the child, but it is also important (and a sign of trusting acceptance) to meet "in-law" relatives. It is important to meet as many family members as possible.

Because the parents, especially mothers, are under pressure from family members to acknowledge responsibility for their child's disability, it can be helpful to explain the disability and the implications for the child's development to the extended family. This does not deal directly with the traditional belief, but it offers a forum for positive discussion among family members about the child's disability.

## Communication Styles

---

### 4

Communication styles are the cultural guidelines of interaction that influence or regulate the ways we:

- talk to one another in personal or public settings
- use and think about silence, body language and laughter
- ask questions, provide information and elaborate important points.

Communication styles vary among cultural groups, regions of the country, and individuals. Unlike the material trappings of a culture (e.g. baskets, styles of dress, ceremonial items) which represent culturally distinct features of a group, ways of talking are not as easily recognizable in cross-cultural situations. Rather than being seen as cultural phenomena, they are often experienced as frustrations in communication, resulting in the feeling that the interaction "didn't go right."

Differences in communication styles between professionals and families often lead to negative evaluations of each other's intentions. Families may be seen as uncaring, uninvolved, uncooperative and non-supportive. Professionals may be viewed as aggressive, intrusive, abrupt and insincere by the families. Researchers who study cross-cultural communication label these interpretations "misjudgments of the speaker's intent."





So what does all this mean for those of us working in cross-cultural contexts? It means we must:

- become more conscious of our own styles of communication
- learn about the communication styles of Navajo families
- modify our own communication style.

While there are many cultural differences between Navajo and English communication styles, there are some critical differences which contribute to miscommunication in cross-cultural settings in which English is the language used in the interaction. These include differences in patterns for taking turns to talk, strategies for providing and eliciting information, ways of emphasizing points, and rules of politeness.

### Conversational Turn-taking

Mainstream English conversations between two people seem to have a 'ping-pong ball' effect in which questions and comments are interjected during someone's turn. To someone watching a small group of speakers it often looks like a 'free-for-all' with everybody talking at once. Who speaks next in a conversation is often controlled by questions and comments, resulting in turns and topics changing frequently.



In Navajo conversational style, speakers take their turns talking, with few interruptions, questions or comments from the other speakers. After an extended pause, another speaker has an opportunity to speak. At this point, questions may be asked or comments are made relating to the previous speaker's topic. This uninterrupted turn-taking style is an important way in which Navajo speakers provide information. This style allows the speaker to fully express his or her self, using stories about their personal experiences and other kinds of narratives.

### Information Sharing

Many professionals use a question and answer format to gain information. Navajo people are often more comfortable sharing information by using the format in which the factual information is embedded in personal vignettes and brief narratives. A question and answer format shapes the kind and amount of information people provide; rather than being rich and filled with elaboration, responses may be limited. This difference affects the quality of the information which professionals elicit from families.

### Ways of Emphasizing Important Points

In mainstream English, when speakers are emphasizing important points, a variety of conversational strategies can be used. These include highlighting certain words or phrases by stressing them either through increased volume or drawing them out slowly, or a combination of both. Sometimes a point will be stressed by pausing after each word.

In Native American communication, including Navajo communication, a point may be emphasized by using strategies which differ from those used in mainstream English. Important points will often be emphasized through repetition, ("That's what he said, he said that"), or through the use of quoted speech, in which a point is indirectly stated through the words of someone else. For example, "My parents told the doctor, ' We don't want the baby to have any more operations'." Main points of issues being discussed often come after the supporting information is given, which sets the context for the point, for example, "She can't really do things like other kids—she doesn't sleep through the night, she's a picky eater, she doesn't talk. My mother doesn't think Helen will fit in. She doesn't think they will be able to supervise her very well. That's why she doesn't want her to go to school."



### Rules of Politeness

Rules of politeness are guidelines of interaction. Particular features of interaction often depend on the setting, the degree of familiarity between speakers, the quality of their relationship, and the age of the people interacting. These features influence the use of direct eye contact, the amount of expressive display (loud talking, physical contact, and emotional displays such as crying and anger), and the use of a firm or slight handshake in greeting and leaving.

Navajo politeness guidelines differ from mainstream English guidelines in some of the following ways:

- Loud talking is viewed as rude behavior
- Direct eye contact can be viewed as disrespectful, intimidating or aggressive. The use of direct or indirect eye contact varies with age. A rule of thumb with Navajo people (especially elderly people) is to look towards



All the families are very appreciative when you say, or indicate an understanding of, words and phrases in Navajo. Navajo families usually thank you in Navajo for coming and for being concerned about their child. They often invite you back, and they greet you with *Yá'á't'ééh* and a touch to your hand.

them, but try to avoid direct or lengthy eye contact. Many younger people use different strategies. Younger people tend to have eye contact with others in their age and social bracket, and they tend to expect to have eye contact with service providers, but they abide by traditional Navajo rules of politeness when addressing older people.

- The use of physical contact and emotional expression when interacting depends on the individuals involved and the quality of their relationship. In general, when just getting to know each other, there will be much less expression than when a trusting relationship has been established.
- Shaking of hands is an expression of polite greeting and leave-taking. A slight handshake or touching of hands is preferred.

### Navajo Language

There is often a range of bilingual skills within Navajo families. In many cases, the degree of bilingualism is age-related. For example, many great-grandparents and grandparents are more comfortable communicating in Navajo, while younger family members are comfortable speaking both Navajo and English. Within families there may be members who speak only Navajo or only English.



**In Native American communication, including Navajo communication, a point may be emphasized by using strategies which differ from those used in mainstream English. Important points will often be emphasized through repetition.**



### Interpreting

There are times when it is very important to be able to talk to family members through an interpreter. A sensitive issue involved in the use of Navajo interpreters is whom to use. The main consideration to discuss with the family is whether to use a family member or a person from outside the family. Some families are very clear that they do not want a family member to be the interpreter. The major reason given by these families is that if there is conflict regarding a decision about the child, older people may distrust what younger people will interpret to them. Other families do not want someone from outside the family coming into their home, "learning about our business...and maybe spreading it around." The use of interpreters is especially important when the discussion centers around emotional issues or the use of educational jargon. Many parents, even though they may speak English, will prefer to have a Navajo interpreter. This increases their level of comfort in processing and expressing information.

### Learning Navajo Words

All the families are very appreciative when you say, or indicate an understanding of, words and phrases in Navajo. Navajo families usually thank you in Navajo for coming and for being concerned about their child. They often invite you back, and they greet you with *Yá'á't'ééh* and a touch to your hand. Navajo families are glad to help you participate by teaching you words and phrases.

### Implications for the Home Visitor

Try to use strategies which will provide you with the information you need and which are compatible with the ways Navajo families communicate. Rather than using a direct question and answer format, you can tell families the things you want to know, and then allow them to talk. Use open-ended questions and allow for delayed responses. For example, you could say, "Tell me about your child's condition. I'd like to know things like when you noticed it, what you did, and how the child acted." If you need clarification or additional information, tell them....and ask them to tell you more about the topic. Tell them what you think you heard them say.

Sometimes it is necessary to obtain specific information from families. Before you begin asking a series of questions it is important to explain the procedure and the results of the information. Joe and Malach (1992) provide advice to early intervention providers:

When you need to ask a lot of questions (e.g., when obtaining case history information), first explain to the family that you will be asking them questions, what types of questions, and how you will use the information. Tell the family that it is okay for them to ask you questions at any time if they do not understand a question or do not understand why you are asking it. Let them know that it is okay if they need to discuss a question with other family members before they answer. Ask them to tell you if they want to think about a question or discuss it with other family members before they answer.

You may need to consciously lower your voice and check your impulse to rush in with a question or comment when others are talking. In a situation where the noise level in the house increases, the typical tendency is to raise your voice to be heard above the television, kids playing, adults coming and going. When working with Navajo families, if you lower your voice, the families will make adjustments in order to hear you.

Turn-taking is a very critical area of effective communication in nearly all cross-cultural contexts, and especially so in conversations between early interventionists and Navajo families. It becomes very important to let the person speaking complete their turn before you begin talking. When your talking overlaps or interrupts the other person, it is often interpreted in negative terms—you are seen as uninterested, rude, or aggressive. Even though this is not your intention, the result is that families often feel that you “run over them with your words,” and that you are not interested in what they have to say.

Using an interpreter is an important consideration when you are trying to include older family members in your family visits. Use of an interpreter can also be important in discussions regarding medical procedures (surgery, changes in medication), and explanations regarding the child's condition (especially when families first become aware of the condition).

Discuss using an interpreter with the family, focusing on who they would feel most comfortable with as the interpreter. For example, if they indicate they would rather have someone outside the family, ask if the interpreter can come from a different clan, a different chapter, or a different area of the reservation. Other questions may be important to ask, such as whether the person works for the Bureau of Indian Affairs (BIA), the health clinic or some other agency. If the family would prefer to have someone from within the family do the interpreting for them, they will probably designate someone to do it. When family members do act as interpreters, they will also probably be involved in the discussion, so they

are actually playing two roles. It may work well if one family member assumes the role on a continuous basis. Most families agree that it is not very effective for the major care-giver (the mother, grandmother or aunt) to act as the interpreter, because she needs to be interacting with you and because there are emotional or personal issues involved.

It is important to speak directly to the family, both when you are addressing the family in general or speaking to an individual person. Try not to have side conversations with the interpreter—don't ask whether the family understood, and don't give information to the interpreter to paraphrase. This can be difficult to do, but it is important to your relationship with the family. You may need to consciously remind yourself to focus on the family. One suggestion is to turn your body away from the interpreter and toward the family as a cue to yourself.



### Personal Communication Style Checklist

- How do I ask for information? How does the family ask for information? Do I ask lots of questions? How do they respond to my questions?
- How do I listen? Do I make comments or ask question during the other speaker's turn? How do family members listen to one another? How do they listen to me?
- What are my turn-taking strategies? How do family members take their turns at talking—do they interject comments or take over the topic, or do they wait for the speaker to finish?
- How do I emphasize really important things? How does the family get their points across?
- Do I tend to talk loudly in normal conversations? Does my voice get louder in situations in which I am uncomfortable? Does the family talk



softly or quietly? Does the amount of eye contact used by families vary depending on the age of the speakers? Do I display a lot of emotion in public situations? How does the family express emotion?

## Planning Home Intervention

### 5

#### Time Issues

Time is an important investment in the process of developing a trusting relationship with families. Families will need time to feel comfortable with you and will want to have time to ask questions.

When working with Navajo families it is important to think about timelines and scheduling. There will be situations in which timelines are very important to follow. Explain why there is a timeline to follow and what options are available. Joe and Malach (1992) advise the following:

Families will need to know if they must make a decision by a certain date because of potential medical complications or financial arrangements. Discuss the options and the consequences of each choice. Giving families an explanation in this manner will allow them to make their decisions comfortably.

There will be occasions when you only have a limited amount of time to spend on a home visit. Explain this to the family at the beginning of your visit. The more information you provide to them, the less likely it is that they will be offended by your behavior. For example, explain that you can only stay for a little while today, that you need to meet another family at the clinic by 2:00 p.m. and then drive 75 miles to the next family's home.



#### Maintaining Contact

The majority of Navajo families do not have telephones. Discuss this issue with families at your first visit—get mailing addresses, telephone numbers where messages may be left, and ways that they can contact you. You may inquire about leaving messages with other service providers, the local clinics, and the local chapter house. Establishing a system for communication when you begin working with a family is important to everyone. Letting the family know how schedules change when the weather is bad, helps them anticipate changes.



There will be times when families aren't at home when you arrive. There may be emergencies, or changes in appointments, or miscommunication about your arrival time. They will usually leave a message for you on their door, or with a family member who lives in the vicinity. It's important for you to leave a written message, in addition to talking to family members. Verbal messages occasionally get miscom-

municated. A written note increases the chances they will receive your message, and it tends to strengthen the relationship that you are building. Occasionally, you may have to cancel because of an emergency or bad weather. As soon as you can, contact the family with an explanation in written form. A written explanation is very important as it demonstrates personal respect.

### **Cultural Reminders**

*During home visits, you may be offered food or coffee. Be as gracious as possible because they are extending graciousness to you through offering you food or gifts. If you have just eaten, you may explain this and ask if you can take a little bit of the food with you or if you can have water instead of coffee. To refuse without explanation is considered rude. (Joe and Malach 1992)*

Discussing family preferences about the toys or educational materials that you might use in your lessons will help you plan your lessons for the family in a way that is acceptable to their beliefs. For example, some families will not want the early intervention provider to present activities that involve animals, even in the form of pictures or toys. Some Navajo families do not allow their children to play with dolls. Families may have traditional beliefs about the use of mirrors with babies, which are frequently used by early interventionists. These beliefs are based on certain traditions in the Navajo culture. On the other hand, some Navajo families would not object to using toy animals, mirrors, and dolls. This issue is best handled by discussing it with each family in order to determine their preferences for presenting toys and other educational materials.





### Adapting Activities to the Navajo Lifestyle

Navajo families often live in remote areas and many times their living space is small and compact. There are still a number of homes on the Navajo reservation without electricity or running water. Some families live in a housing area or community in the winter and have another family home in a more remote area in the summer. Some families live in different houses in the same location in different seasons, such as a hogan in the winter and a shade house in the summer. Many times family members take turns living with elders or may live with relatives when they need to help their family in other ways.

It is often necessary to adapt activities and the use of materials to an individual Navajo family's lifestyle. For example, finger painting, pudding painting, and other tactile experience activities for the child who is blind or visually impaired may not be appropriate if the family

doesn't have a reliable source of water for clean up. Objects, such as toys, used in learning activities need to be appropriate for the home visit setting. A toy telephone would have limited use in a lesson since most Navajo families do not have telephones. Homemade toys and learning materials made from objects from the family's home would be a better option. Find out the family's strengths and talents and involve them in adapting the activities whenever possible. For example, if a family member is a weaver, ask them to help develop a tactile book for the child.

Weather conditions are important to remember when planning home visits. Many times summer visits will be outdoors and the Navajo Reservation is often quite windy, so any materials you bring will need to be ones that don't blow around easily. It is also quite dusty, so toys with mechanical parts that can clog easily are not appropriate.

Winter visits are indoors but there is often deep mud, so lessons should be ones that can be taken to the house in one trip from the car. In the winter, some Navajo families leave their homes early in the morning, when the ground is frozen and take care of their medical and other appointments and errands, then return to their homes late in the evening after the ground has frozen again. Many times you can make arrangements to meet these families at another location during the muddy weather.

"I really appreciate how much she's done for us. She's taught me a lot about working with Helen. She's always very positive...patient with me, too, 'cause I'm stubborn sometimes. She treats us like our time is as important as hers—that's important to me."





A number of the standard areas of instruction for early intervention for children who are blind or visually impaired will need to be adapted to accommodate the Navajo lifestyle.

- When doing orientation and mobility lessons with family and child, you will need to take into account that Navajo families move between home locations as circumstances dictate.
- When teaching activities of daily living, you must consider the physical environments where an individual family lives and its daily routine in a given location.
- Environmental factors affecting a child's use of vision, such as lighting and contrast, may vary depending on the family's living situation at any given time.
- Fine motor skills will need to be taught, using real objects from the family's daily life or portable, collapsible materials. In this way, the family can easily take them along as they visit other family members and can easily store them in a home with very limited space.

Teaching the family the reasons behind teaching the skill and the components of the skill can help the family make adaptations on their own. Brainstorming new activities with the family can add to the experiences of the interventionist, the child, and family.

*"One of the things I'd like to tell them is about hope. We Navajos think about things in a different way—we never give up hope that things can work out for the better. In my family we never give up hope that he'll be able to see someday...never...we know someday that it'll be better for him."*

## Bibliography & Resources

---

### Resources

Southwest Communication Resources (SCR), Inc.  
P.O. Box 788  
Bernalillo, NM 87004  
(505) 867-3396

This is a national parent training and information center for Native American families with special needs, focusing on Navajo and Pueblo families. The following publications and videos are available from SCR, Inc.:

- *Overcoming Obstacles and Improving Outcomes: Early Intervention Services for Indian Children with Special Needs.*
- *Early Intervention with American Indian Families: An Annotated Bibliography.*
- *EPICS Messenger*, a quarterly newsletter for Native American families with children with disabilities and chronic health problems.
- *Handbook for Indian Parents: Communicating Effectively with Non-Indian Service Providers*, 1990, SW Comm Resources.
- *Perspectives on Health Care Delivery Systems for American Indian Families.*
- *Listen With Respect*, 15 minute video, cross-cultural communication barriers.
- *Finding the Balance*, 25 minute video, parents discussing experiences and frustrations as Native American parents of children with special needs.

Native American Research and Training Center  
Department of Family and Community Medicine  
University of Arizona  
Tucson, AZ 85719  
(602) 621-5075

The center offers research and training information on health-related issues concerning Native American populations. Publications and videos include:

- *American Indian Perspectives on Cultural Disability*, J. Joe & D. Miller, 1987.
- *Bibliography of Health and Disease: North American Indians, Eskimos, and Aleuts*, J. Justice, 1988.
- *Culture and Disability*, J. Joe, a 25 minute video.
- *Communicating with Native American Patients*, E. Jackson, a 25 minute video.

## Conferences

There are several excellent conferences supported each year by Northern Arizona University and Navajo Community College. Among these is one conducted by Ursula Knoki-Wilson for nurses, physicians and other health and social service providers who work in the area of death and dying. It is called "What Do You Say and Do? Navajo Perspectives about Death and Dying."

Northern Arizona University  
Continuing Education Department  
P.O. Box 4117  
Flagstaff, AZ 86011  
(602) 523-4212

Navajo Community College  
Education Philosophy Office  
P.O. Box 6  
Tsaile, AZ 86556  
(602) 724-6695

## References

- Joe, J.R. (1982). "Cultural Influences on Navajo Mothers with Disabled Children." *American Indian Quarterly* 6 (1&2): Pp. 170-190.
- Joe, J.R. and Malach R.S. (1992). "Families with Native American Roots." *Developing Cross-Cultural Competence: A Guide for Working with Young Children and Their Families*. E.W. Lynch and M.J. Hanson, (Eds.) Pp. 89-119.
- Joe, J.R. and Miller D.L. (1987). *American Indian Cultural Perspectives on Disability*. Tucson: University of Arizona, Native American Research and Training Center.
- Knoki-Wilson, U. (1993). "What Do You Say and Do? Navajo Perspectives About Death and Dying." *Workshop presented at Northern Arizona University*.
- Tso, E. (1993). "The Meaning of Navajo Ceremonies." *Navajo Cultural Conference Report 1993*. Window Rock, AZ: Navajo Division of Education.

## Glossary

Roadman - Native American Church Leader  
NAC - Native American Church  
Hogan - dome shaped earthen covered house  
Taboo - breach of cultural regulation  
Hózhó - natural harmony or beauty  
Diné - the people, Navajo word for themselves  
Chapter House - the Navajo equivalent to a local town hall  
Yá'a't'ééh - hello, greeting









Perkins School for the Blind  
175 North Beacon Street  
Watertown, Massachusetts 02172  
Telephone: 617 924-5434